

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 25 AM 10:22

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000021002

1. Limited Liability Company's Name

DURSO LLC

CR2E041 (8/05)

2. Principal Office Address

7569 SOLIMAR CIR.

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33433

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

6/11/03

6. FEI Number 20-0036421

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSEPH C WINKE

Street Address (P.O. Box Number is Not Acceptable)

7569 SOLIMAR CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/11/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Joseph Winke	7569 SOLIMAR CIR	Boca Raton FL 33433

400081198324  
10/25/06--01055--020 \*\*150.00

REINSTATEMENT 04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 10/11/06

Daytime Phone # 561-929-5484

Typed or printed name of signing Managing Member/Manager

Never receive form